



P. O. Box 4346  
Missoula, MT 59806

# HRA REIMBURSEMENT REQUEST

To send scanned claims, or for additional forms, go to:

[www.allegianceflexadvantage.com](http://www.allegianceflexadvantage.com)

FAX: 406-523-3149 or toll-free 877-424-3539      PHONE: toll-free 877-424-3570

Please print legibly in black or blue ink.

Employer Name: _____	Total # of Pages Submitted: _____
Employee Name: _____	Attention: _____
Participant ID: _____ (Social Security Number or, if assigned, Allegiance ID)	Comments: _____

You may check the status of your claim, within 48 hours, by logging in to your account at [www.allegianceflexadvantage.com](http://www.allegianceflexadvantage.com).

<u>Service</u>	<u>Service Date</u>	<u>Deductible Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

YOUR CLAIM WILL BE REVIEWED FOR HEALTH REIMBURSEMENT ARRANGEMENT (HRA) ELIGIBILITY FIRST, THEN CONSIDERED FOR FLEX ELIGIBILITY.

\_\_\_\_\_ Do not forward this claim to my flexible benefits account after HRA processing.

YOU MUST SUBMIT INDEPENDENT, 3RD-PARTY DOCUMENTATION OF YOUR EXPENSES WITH THIS CLAIM FORM. THE EXPENSE WILL BE CONSIDERED FOR HRA REIMBURSEMENT IF YOU ATTACH A COPY OF THE EXPLANATION OF BENEFITS (EOB) FROM YOUR INSURANCE COMPANY AS DOCUMENTATION. DOCUMENTATION OTHER THAN AN INSURANCE EOB WILL BE CONSIDERED FOR FLEX REIMBURSEMENT ONLY. IF THE REQUIRED DOCUMENTATION IS NOT ATTACHED, YOUR REIMBURSEMENT WILL BE DELAYED.

I certify that the claimed expenses were incurred to diagnose, cure, treat, mitigate, and/or prevent a disease and cover only myself, my qualified dependents, and/or spouse. These expenses have not previously been reimbursed under any plan and I will not seek reimbursement under any other health plan. I understand that items purchased merely to promote general health are not reimbursable. I further understand that expenses reimbursed may not be claimed on my individual tax return at the end of the year.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Check here if your address has changed. New address: \_\_\_\_\_  
\*\*\*Please inform your employer if your address has changed.